

HOUSE OF HOPE VOLUNTEER APPLICATION

GENERAL

Name: _____ Phone No: _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Do you have any experience with masonry or general construction? Yes No If yes, please explain: _____

Do you have any experience as a construction supervisor or job foreman? Yes No If yes, please explain: _____

APPROVAL OF PASTOR

A signature from your local pastor must be obtained for your application to be approved. Your pastor's signature confirms that you display faithfulness and maturity in your daily walk with the Lord and that your pastor blesses you in your desire to volunteer with House of Hope.

Pastor's Signature _____ Phone No. _____

VOLUNTEER GUIDELINES

Be vigilant of your surroundings at all times and in all locations, especially when entering or exiting your hotel and vehicle. Whenever possible, travel in groups of two or more. Avoid wearing jewelry and carrying large sums of money or casually displaying cash, credit cards, or other valuables. Avoid walking at night or walking alone on beaches, historic ruins, and trails.

Mountain Meadow Herbs in Montana sells a product called Malair-Shield that we encourage you to take according to the directions given by them. If you visit their website, find the product and select the "More Details" button, the dosage information is listed to help you determine how much is needed. Their website address is mountainmeadowherbs.com. Their phone number is: 888-528-8615

We request that men wear pants and shirts/t-shirts at all times. The humidity and temperatures are frequently high in Honduras; so you may wish to invest in lightweight pants and shirts. We also request that ladies are modestly dressed wearing skirts, dresses, or culottes.

All volunteer workers associated with House of Hope must pay all their personal expenses. This includes but is not limited to; air fare, transportation, food, lodging and medical care. House of Hope will not assist or reimburse volunteers with any costs associated with the construction of homes or any other volunteer labor.

EMERGENCY CONTACT

Name: _____ Phone No: _____ Relation: _____

Name: _____ Phone No: _____ Relation: _____

I have read the guidelines as outlined above and agree to follow them. I understand that it is essential that I display a Christ like attitude, faithfulness, and maturity. I also understand and agree that House of Hope will not reimburse me for any expenses I incur as a volunteer.

Signature _____ Date _____

You may submit your application via email or postal mail.

Email: judithleiva@icloud.com

Postal Mail: Henry Leiva * 24 Yoder Lane * McClure PA 17841